

**PUBLIC HEALTH AND MEDICAL (EMERGENCY FUNCTION 08)
SITUATION REPORT
EBOLA VIRUS DISEASE, 2014
DATE OF REPORT: NOVEMBER 3, 2014
OPERATIONAL PERIOD: NOVEMBER 3 – NOVEMBER 7, 2014
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES AUTHORITY**

EXECUTIVE SUMMARY

NOTE: For quicker review of this document, red text will be used for all NEW information added from the previous day within the operational period.

There are currently no suspected or confirmed cases of the Ebola Virus Disease (EVD) in California. At present, the situational assessment for the risk of EVD infection in California remains very low.

The outbreak of EVD in the West African countries of Guinea, Liberia and Sierra Leone continues to expand but does not pose a significant risk to the United States. As of the Situation Report dated October 31, 2014, the World Health Organization has reported a cumulative total of 13,567 cases of Ebola Virus Disease and 4,951 deaths.

The Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), California Office of Emergency Services (Cal OES), State level Emergency Function 08 partners, and Emergency Medical Services Authority (EMSA) continue to prepare for the management of potential EVD cases in California.

In order to protect or preserve the public health, on October 29, 2014, the State Public Health Officer of the State of California issued an order requiring quarantine for individuals at risk of contracting and spreading Ebola and establishes statewide protocol to assess the risk of these travelers arriving in California. This order is located on the CDPH website at http://www.cdph.ca.gov/Documents/Order_%20Ebola10292014.pdf.

CDPH continues to work with the healthcare community and local health jurisdictions to identify potential suspect cases and avoid spread of the disease. New guidelines and updated guidelines released by CDC are posted on the CDPH website available at: (<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>).

EMSA has developed guidelines for Emergency Medical Services (EMS) personnel based on the recommendations of CDC and the California Department of Industrial

Relations (DIR). The guidelines have been distributed to Local Emergency Medical Services Agency (LEMSA) Administrators, LEMSAs Medical Directors and the Regional Disaster Medical Health Coordination (RDMHC) Program. The document is posted on EMSA's website at http://www.emsa.ca.gov/ebola_control. These guidelines will be updated as the situation evolves.

CDPH continues to recommend that healthcare providers implement the protocols established by the CDC about how to detect and isolate patients who may have EVD and about how healthcare workers exposed to EVD can be protected.

DUTY OFFICERS ON CALL

Table 1. Duty Officers On Call		
Agency/Program	Duty Officer Information	
CDPH Duty Officer	Name:	Raaz Fares
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	Jason Baker
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Michael Frenn
	Contact Information:	916-423-0911

CDPH/DHCS/EMSA CURRENT OPERATIONS

The CDPH internal workgroup to address all public health aspects of the EVD response meets daily.

CENTER FOR INFECTIOUS DISEASES (CID) DIVISION OF COMMUNICABLE DISEASE CONTROL (DCDC)

RCCC/CID Ebola Activities

- **Epidemiology and Surveillance Activities**
 - Significant Issues:
 - CalREDIE Update:
 - Preparing to migrate the "Ebola Contact Tracking" to Production.
 - Requested the names of State and local individuals who are involved in the Ebola response and need CalREDIE accounts.
 - Mocked up the Travel History form and the Ebola Case Report.
 - Following up on the non-CalREDIE LHJs.

- Conducted 5 discussions with LHDs to rule out Ebola suspect cases.
- Responded to or redirected numerous emails/phone calls from LHDs related to planning aspects of preparedness.
- Trained new clinical consultants for interface with LHDs.
- The Epi/Surveillance team continues to refine guidance for:
 - Contact Tracing/Management Plan.
 - Deployment Team Plan.
 - Case Investigation/Management Plan.
- LHDs are working with DCDC clinical consultants to determine both the clinical criteria and risk factors for persons suspected of having EVD.
- CDPH continues to be notified through EpiX of travelers returning to California from Ebola-affected countries. CDPH notifies the local health department/jurisdiction where the traveler returns to ensure local health department implementation of a screening and monitoring plan.
- Critical Issues: None
- Program Impacts:
 - Significant program impact on day-to-day activities of DCDC clinical consultants and staff that participate in RCCC activities. DCDC branches are deferring non-essential functions to handle Ebola workload.

- **Laboratory Activities**

- Significant Issues:
 - Negative LRN Ebola PCR test results no longer require confirmation at CDC; positive test results still need confirmation at CDC.
 - Los Angeles County Public Health Laboratory (LAC PHL) will no longer forward negative Ebola PCR specimens to CDC.
 - Hospitals and local public health laboratories should continue to ship one specimen to LAC PHL and one specimen to CDC.
 - FDA issued a EUA for the BioFire rapid Ebola PCR test kit for use in clinical laboratories. Laboratories need to perform validation before use. It is unclear how laboratories will do validation testing without access to positive specimens. Results need to be confirmed at a public health laboratory.
 - VRDL continues to prepare laboratory testing readiness, including procurement of PPE and needed reagents and supplies prior to testing Ebola specimens.
 - Inquiries received:
 - 2 regarding new FDA EUA BioFire Ebola PCR assay.
 - 1 from LHD about bacterial culturing from PUI.
 - 1 hospital request for shipping boxes for drill.

- Critical Issues:
 - Continued shortage of proper personal protective equipment (correct clothing sizes and respirators) for laboratory staff.
 - Need for Category “A” Packaging and Shipping training of staff at both VRDL and local public health laboratories.
- Program Impacts:
 - Significant impact on day-to-day activities of staff involved in risk assessment and procurement activities.
 - Shortage of PPE will delay training of VRDL staff in donning, doffing, and drilling procedures.
- **Infection Control Activities**
 - Significant Issues: CDC issued a new guidance addressing emergency department evaluation and management of patients who present with possible EVD: <http://www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html>.
 - HAI is awaiting Cal-OSHA’s updated guidance on PPE.
 - Critical Issues:
 - There are many reports of healthcare facilities encountering shortages and/or difficulty obtaining recommended PPE.
 - There is a strong need for development and/or dissemination of training materials on proper use of PPE.
 - Program Impacts:
 - Significant impact on day-to-day activities of staff across programs and agencies, resulting in setting aside non-essential functions to handle Ebola workload.
- **Information Officer Activities**
 - **Key Messages**
 - Ebola is NOT an airborne transmitted virus. Isolation and personal protective equipment are focused on **CONTACT ISOLATION** as recommended by the CDC.
 - CDPH and EMSA have a plan and processes for response to Ebola.
 - California’s hospitals have the capability and capacity to manage Ebola patients.

RICHMOND CAMPUS COORDINATION CENTER (RCCC) ACTIVITIES

- Significant Issues and Activities:
 - Assisted in coordination of a conference call 10-26-14 with local health departments to discuss monitoring and movement of persons with potential Ebola virus disease.

- Assisted in coordination of the weekly local health departments Ebola conference call 10-29-14 to provide information and updates on the evolving Ebola situation.
 - Assisted in distribution of Risk-Based Quarantine Order 10-29-14 issued by State Health Officer and CDPH Director Dr. Ron Chapman.
 - Assisted in the finalization and distribution of assessment tools for LHDs and hospitals.
 - Received and responded to inquiries redirected from the CDPH Hot Line (14 from local health departments, 1 from a healthcare facility, and 9 from other partners).
- Critical Issues: None

CDPH DOCUMENTS/MATERIALS RELEASED THIS OPERATIONAL PERIOD

- None at this time

ENVIRONMENTAL MANAGEMENT BRANCH (EMB)

The EMB Medical Waste Management Program has updated the “Ebola Virus Disease Medical Waste Management – Interim Guidelines” and are now posted at the program’s website: <http://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx>

EMERGENCY PREPAREDNESS OFFICE (EPO)

- CDPH and EMSA continue activation of the MHCC to support activities of the RCCC and departmental programs, and enhance communication between emergency response and preparedness partners in California.
- MHCC and EPO management regularly participate in teleconferences regarding EVD with Federal, State, and local partners, assist in development of guidance documents, and coordinate CDPH program actions.
- MHCC maintains an incident on the Cal EOC website.
- CDPH has contracts in place with World Courier to accommodate transport of EVD samples.
- The call center (1-855-421-5921) remains active as a point of contact for public inquiries.

DIVISION OF LICENSING AND CERTIFICATION

- The first healthcare provider teleconference was held on Wednesday (October 29, 2014) with a target audience of Health Care Facilities/Providers. At this time, this telecom will be held weekly: Wednesday from 11:00 a.m. – 12:00 p.m.

CAHAN ALERTS

CAHAN Alert(s) sent today 11-3-14:

- The Centers for Disease Control and Prevention (CDC) has released three new documents on Ebola (see Table 3) and posted on the CDPH website Ebola page.

EMSA

- EMSA is working with the Local Emergency Medical Services Administrators' Association of California (EMSAAC) and the Emergency Medical Directors' Association of California (EMDAC) in developing Guidance for the EMS Management of Infectious Disease such as Ebola. Local EMS Agencies (LEMSAs) are working with their ambulance providers and have identified ambulance companies that will transport these high risk patients. Contra Costa EMS Agency has developed a conceptual model for an Infectious Disease Ambulance Response Team (IDART) and other LEMSAs are developing similar models. AMR has already transported Ebola patients in Texas and is also developing special transport teams and is among the providers outfitting specialized ambulances.
- EMSA has issued guidelines for EMS personnel based upon CDC recommendations through the RDMHC and Medical and Health Coordination (MHOAC) Programs. EMSA is prepared to continue coordination with EPO, RDMHC, and MHOAC Programs.

STATE/REGION OVERVIEW

Region/State	Proclamation/Declaration	Activation
MHCC	None	Level I

OPERATIONAL AREA (OA) MEDICAL AND HEALTH SYSTEM OVERVIEW

- Current impacts/actions for Operational Areas are not included in this situation report as local situation reports have not been requested or provided at this time.

PUBLIC INFORMATION THIS OPERATIONAL PERIOD

November 3, 2014

- None

GUIDANCE DOCUMENTS RECEIVED FROM NOVEMBER 1 TO NOVEMBER 3

CDC documents are available on the CDC website (CDC.gov). CDPH documents are available on the CDPH website (CDPH.ca.gov). The American Society of Microbiology (ASM) documents can be found on the ASM website (www.asm.org). The Federal Department of Transportation (DOT) documents can be found on the DOT website (www.dot.gov).

Table 3. Guidance Documents Received from November 1, 2014 to November 3, 2014		
Title	Source	Document Date
Ambulatory Care Evaluation of Patients with Possible Ebola Virus Disease (Ebola)	CDC	11-01-14
Questions and Answers about CDC's Ebola Monitoring & Movement Guidance	CDC	11-01-14
Infographic - How Ebola is Spread	CDC	11-01-14

RESOURCE REQUESTS

None

FINANCIAL IMPACTS

None